

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 182 OF 666  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Bluepac - Blue Cross Blue Shield Association Pac**

**A. Michael Guyette**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Cross and Blue Shield of Minnesot Occupation President & Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2015  
**Transaction ID : 20151117152655-12**  
 Amount of Each Receipt this Period  
 100.00

**B. Michael Guyette**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Cross and Blue Shield of Minnesot Occupation President & Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : 20151201151110-12**  
 Amount of Each Receipt this Period  
 100.00

**C. Michael Guyette**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Cross and Blue Shield of Minnesot Occupation President & Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015  
**Transaction ID : 20151215151439-12**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶